

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91784 017 \*\*\*150.00

04/07/19 AV

DOCUMENT # **P99000077633**

1. Entity Name  
**EVANS & ASSOCIATES OF TAMPA BAY, INC.**



Principal Place of Business  
**17808 GRAY BROOKE DR.  
TAMPA FL 33647**

Mailing Address  
~~DEBORAH E EISENSTADT~~  
~~3111 MEMORIAL DRIVE~~  
~~TAMPA FL 33634~~



2. Principal Place of Business

3. Mailing Address  
**17808 GRAY BROOKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**TAMPA, FL**

4. FEI Number **59-3599734**

Applied For  
Not Applicable

Zip

Country

Zip  
**33647**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, RICHARD  
17808 GRAY BROOKE DR.  
TAMPA FL 33647**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, RICHARD A</b>	
STREET ADDRESS	<b>17808 GREY BROOKE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, KATHLEEN D</b>	
STREET ADDRESS	<b>17808 GREY BROOKE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: **X** *Richard A. Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X** **4/30/03** **X** **813-887-398**  
Date Daytime Phone #

CR2E034 (10/02)